



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH
5445 LA SIERRA DRIVE SUITE 204
DALLAS TX 75231

Respondent Name

ZURICH AMERICAN INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-06-3032-02

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT code 90806 was pre-authorized and was provided as a separate procedure for the date of service listed. TWCC Medical Fee Guideline lists this procedure as \$126.75 per unit. Please remit payment in this amount." "CPT code 97799 was pre-authorized by the Broadspire utilization review company. Texas Health is a CARF accredited facility and the TWCC Fee Guideline lists this procedure as \$125.00 per unit for CARF accredited facilities. Please remit payment in the full amount."

Amount in Dispute: \$20,632.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

Response Submitted by: None

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 5, 2005 April 12, 2005 April 19, 2005 April 26, 2005	CPT code 90806	\$126.75/day	\$0.00
June 2, 2005 June 3, 2005 June 6, 2005 June 8, 2005 June 9, 2005 June 10, 2005 June 14, 2005	CPT code 97799-CP-CA (8 hours)	\$1000.00/day	\$0.00

June 15, 2005 June 16, 2005 June 17, 2005 June 27, 2005 June 29, 2005 July 1, 2005 July 6, 2005 July 7, 2005 July 13, 2005 July 22, 2005 July 25, 2005			
June 28, 2005 July 8, 2005	CPT code 97799-CP-CA (8 hours)	\$625.00/day	\$0.00
June 30, 2005	CPT code 97799-CP-CA (hours)	\$875.00	\$0.00
TOTAL		\$26,997.85	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. Division rule at 28 TAC §134.203 titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed services.
3. 28 Texas Administrative Code §134.204, *Medical Fee Guideline for Workers' Compensation Specific Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
4. 28 Texas Administrative Code §134.600, requires preauthorized for specific treatments and services.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 25, 2005 reference code 90806

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- 5-The procedure code/bill type is inconsistent with the place of service.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 910-055-Unnecessary treatment without peer review. Treatment not recommended by UR.

Explanation of benefits dated April 28, 2005 reference code 90806

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- 5-The procedure code/bill type is inconsistent with the place of service.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 910-055-Unnecessary treatment without peer review. Treatment not recommended by UR.
- R-Extend not related.

Explanation of benefits dated May 5, 2005 reference code 90806

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- 5-The procedure code/bill type is inconsistent with the place of service.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 910-049-Preauthorization required but not requested/treatment was not preauthorized.
- 910-055-Unnecessary treatment without peer review. Treatment not recommended by UR.
- R-Extend not related.

Explanation of benefits dated May 16, 2005 reference code 90806

- 97-Payment is included in the allowance for another service/procedure.
- 45-Charges exceed your contracted legislated fee arrangement.
- 7-The procedure code is inconsistent with the patient's gender.
- 075-001-90806

- 910-053-Extent of injury. Not finally adjudicated.

5-The procedure code/bill type is inconsistent with the

Explanation of benefits dated June 6, 2005 reference code 90806

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 50-These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-049-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- 910-055-Unnecessary treatment without peer review. Treatment not recommended by UR.

Explanation of benefits dated June 10, 2005 reference code 90806

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 62-Payment denied/reduced for absence of , or exceeded, pre-certification/authorization.
- 50-These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-055-Unnecessary treatment without peer review. Treatment not recommended by UR.

Explanation of benefits dated June 27, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated June 30, 2005 reference code 90806

- 97-Payment is included in the allowance for another service/procedure.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12-Extent of injury. Not finally adjudicated.
- 075-001-90806
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 5, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 11, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 13, 2005 reference code 90806

- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.

- 910-055-Unnecessary treatment without peer review. Treatment not recommended by UR.
- W12-Extent not related.

Explanation of benefits dated July 15, 2005 reference code 97799

- 97-Payment is included in the allowance for another service/procedure.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12-Extent of injury. Not finally adjudicated.
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 18, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-052-Entitlement to benefits. Not finally adjudicated.

Explanation of benefits dated July 18, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 50-These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-055-These are non-covered services because this is not deemed a 'medical necessity' by the payer.

Explanation of benefits dated July 21, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 27, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 28, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated July 29, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.

- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated August 1, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated August 4, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated August 8, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated August 11, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated August 15, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated August 18, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.
- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-053-Extent of injury. Not finally adjudicated.

Explanation of benefits dated September 15, 2005 reference code 97799

- W1-Workers compensation state fee schedule adjustment.
- 45-Charges exceed your contracted legislated fee arrangement.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- W12- Extent of injury. Not finally adjudicated.
- 080-001-Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00/
- 112-003-The primary provider is a non-contracted provider with FOCUS.

- 900-001-O-Denial after reconsideration/based on further review, no payment is warranted.
- 910-053-Extent of injury. Not finally adjudicated.

Issues

1. Does a compensability issue exist in this dispute?

Findings

1. The respondent denied reimbursement for the disputed services based upon reason codes "W12- Extent of injury. Not finally adjudicated"; "910-053-Extent of injury. Not finally adjudicated"; and "910-052-Entitlement to benefits. Not finally adjudicated."

A Contested Case Hearing was held on December 3, 2009 that found that "The compensable injury of June 15, 2004 does not extend to include disc herniations at L5-S1, disc bulges from L2 through S1, degenerative disc disease of the lumbar spine, lumbar IVD syndrome with (or without) myelopathy, lumbalgia, lumbar radiculopathy/radiculitis, lumbar spine fixation, lumbar segmental joint dysfunction, bilateral S1 joint dysfunction, cervical spine intersegmental joint fixation, cervicalgia, cervical radiculopathy/radiculitis, anxiety/depression or other psychological/psychiatric diagnoses."

A review of the submitted medical bills indicates that the disputed treatment was for ICD-9 codes "723.4- Brachial neuritis or radiculitis NOS; 724.4-Thoracic/lumbosacral neuritis/radiculitis unspecified; 723.1- Cervicalgia; and 724.2-Lumbago". These diagnosis were found to be non-compensable at the December 3, 2009 Contested Case Hearing.

28 Texas Administrative Code §133.307(a) indicates that "In resolving disputes over the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the commission is to adjudicate the payment, given the relevant statutory provisions and commission rules." Because the disputed services were for treatment of non-compensable injury, the Division lacks jurisdiction to review these services; therefore, this decision will not consider these services any further.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support that the disputed treatment was for a compensable injury. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

5/7/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.